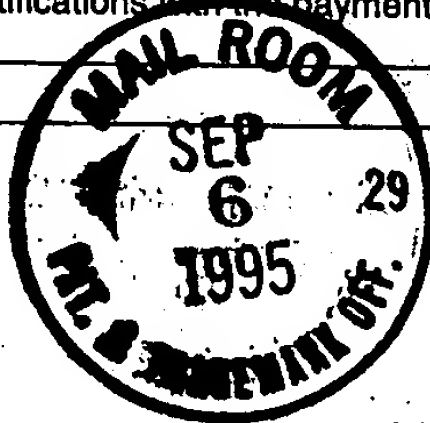


PART B—ISSUE FEE TRANSMITTAL

MAILING INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE. Blocks 2 through 6 should be completed where appropriate. All further correspondence including the Issue Fee Receipt, the Patent, advance orders and notification of maintenance fees will be mailed to addressee entered in Block 1 unless you direct otherwise, by: (a) specifying a new correspondence address in Block 3 below; or (b) providing the PTO with a separate "FEE ADDRESS" for maintenance fee notifications with the payment of Issue Fee or thereafter. See reverse for Certificate of Mailing.



1. CORRESPONDENCE ADDRESS

E ANTHONY FIGG
ROTHWELL FIGG ERNST & KURZ
555 13TH STREET NW
WASHINGTON DC 20004

18M2/0607

2. INVENTOR(S) ADDRESS CHANGE (Complete only if there is a change)

INVENTOR'S NAME

Street Address

City, State and ZIP Code

CO-INVENTOR'S NAME

Street Address

City, State and ZIP Code

☐ Check if additional changes are on reverse side

SERIES CODE/SERIAL NO.

FILING DATE

TOTAL CLAIMS

EXAMINER AND GROUP ART UNIT

DATE MAILED

First Named Applicant	08/335,400	11/03/94	007	ADAMS, D	1806	06/07/95
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TITLE OF INVENTION PAGE, MARTIN J.

A METHOD FOR TREATING A MAMMAL SUFFERING FROM A T-CELL MEDIATED DISORDER WITH A CHO-GLYCOSYLATED ANTIBODY (AS AMENDED)

ATTY'S DOCKET NO.

CLASS-SUBCLASS

BATCH NO.

APPLN. TYPE

SMALL ENTITY

FEE DUE

DATE DUE

1	1808163A	424-133.100	M29	UTILITY	NO	\$1210.00	09/07/95
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3. Correspondence address change (Complete only if there is a change)

4. For printing on the patent front page, list the names of not more than 3 registered patent attorneys or agents OR, alternatively, the name of a firm having as a member a registered attorney or agent. If no name is listed, no name will be printed.

1 Rothwell, Figg,

2 Ernst & Kurz

3

DO NOT USE THIS SPACE

040 BS 09/13/95 08335400

1.142 1,210.00 CK

040 BS 09/13/95 08335400

5. ASSIGNMENT DATA TO BE PRINTED ON THE PATENT (print or type)

(1) NAME OF ASSIGNEE:

Burroughs Wellcome Co.

(2) ADDRESS: (CITY & STATE OR COUNTRY)

Research Triangle Park, NC

6a. The following fees are enclosed:

☒ Issue Fee ☐ Advance Order - # of Copies 10

6b. The following fees should be charged to 02-2135

DEPOSIT ACCOUNT NUMBER

(ENCLOSE PART C)

☐ Issue Fee ☐ Advance Order - # of Copies

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The COMMISSIONER OF PATENTS AND TRADEMARKS is requested to apply the Issue Fee to the application identified above.

(Authorized Signature)

Barbara G. Ernst, Reg. No. 30,377

(Date)

9/6/95

NOTE: The Issue Fee will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the Patent and Trademark Office.

A. ☐ This application is NOT assigned.

☒ Assignment previously submitted to the Patent and Trademark Office.

☐ Assignment is being submitted under separate cover. Assignments should be directed to Box ASSIGNMENTS.

PLEASE NOTE: Unless an assignee is identified in Block 5, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the PTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

1. TRANSMIT THIS FORM WITH FEE-CERTIFICATE OF MAILING ON REVERSE

PART C—CHARGE TO DEPOSIT ACCO

210.00 - 142
30.00 - 561
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1. CORRESPONDENCE ADDRESS

18M2/0607

E ANTHONY FIGG
ROTHWELL FIGG ERNST & KURZ
555 15TH STREET NW
WASHINGTON DC 20004

DIT/LEAF/PLC

mum

SERIES CODE/SERIAL NO.	FILING DATE	TOTAL CLAIMS	EXAMINER AND GROUP ART UNIT	DATE MAILED
First Named Applicant: 083/235,400	11/03/94	007	ADAMS, D	1806 06/07/95

TITLE OF INVENTION: PAGE MARTIN J.

A METHOD FOR TREATING A MAMMAL SUFFERING FROM A T-CELL MEDIATED DISORDER WITH A CHO-GLYCOSYLATED ANTIBODY (AS AMENDED)

ATTY'S DOCKET NO.	CLASS-SUBCLASS	BATCH NO.	APPLN TYPE	SMALL ENTITY	FEE DUE	DATE DUE
1 1308163A	424-133.1	DO NOT USE THIS SPACE	UTILITY	NO	\$1210.00	09/07/95

040 BS 09/13/95 08335400

1 561

30.00 CR

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The COMMISSIONER OF PATENTS AND TRADEMARKS is requested to apply the Issue Fee to the application identified above.

(Authorized Signature)

Barbara G. Ernst

Barbara G. Ernst, Reg. No. 30,377

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2. TRANSMIT THIS FORM WITH PART B WHEN AUTHORIZING USE OF A DEPOSIT ACCOUNT.